

State of Arkansas CONTRACTORS LICENSING BOARD



Residential Builders New Application

\$100.00 Filing Fee - NON-REFUNDABLE

MAIL TO:

CONTRACTORS LICENSING BOARD
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone Number (501) 372-4661
FAX Number (501) 372-2247
Web Site: www.arkansas.gov/clb

**PLEASE READ THE INSTRUCTIONS (page 2)
BEFORE COMPLETING THE APPLICATION**

RESIDENTIAL BUILDERS INSTRUCTIONS / CHECKLIST

The completed application must be in this office three (3) weeks prior to a committee meeting to be reviewed. For a list of meeting dates, check our website at www.arkansas.gov/clb. Once the application is received in our office, it must be complete by 90 days. After 90 days, another application and filing fee, etc. will be required.

1. If you already have a Commercial license and want to add Residential Builder...STOP!!! Complete the "[Commercial Licensee Adding Residential Builder](#)" form from our website.
2. Complete Application (all lines need to be filled in, if one does not apply enter "N/A")
 - (a) Complete pages 3, 7 and 8.
 - (b) Appropriate business style affidavit & affidavit regarding bidding signed and notarized (pages 9 and 10). **We cannot accept a notarized statement more than 90 days old.**
3. \$100.00 filing fee made payable to the Contractors Licensing Board. **(FEES ARE NON-REFUNDABLE)**
4. Three (3) written references (pages 4, 5 and 6 forms provided). The references should not be from a supplier or banker, unless they have actually observed your work and can describe it. **The references must show four (4) years appropriate experience in construction. The experience must justify the issuance of a Residential Home Builder's license. THE INDIVIDUALS GIVING THE REFERENCES, NOT THE PERSON APPLYING FOR THE LICENSE, MUST COMPLETE THE REFERENCE FORMS. We cannot accept references that are more than 90 days old.**
5. Copy of the Arkansas Business and Law passing test score. Please refer to page 12 & 13 for more information about the test. **The license can be approved but not released without this passing test score.**
6. **CURRENT** compiled balance sheet less than one (1) year old. **DO NOT SEND INCOME STATEMENTS.** The balance sheet must be in the name of the applicant obtaining the license and must be signed by the owner, officer, member or partner of that company. Only Sole Proprietorships can submit a personal balance sheet and the balance sheet **must exclude** your personal residence and retirement accounts includes stocks and bonds and cash value of life insurance. **All balance sheet statements must show POSITIVE NET WORTH. A blank balance sheet can be found on our website www.arkansas.gov/clb. A Schedule "L" from your corporation tax return may also be used. (No other tax forms will be accepted other than the Schedule "L").**
7. If applying as a Corporation, LLC, or LP, attach a copy of the Articles/Filings from the entity's Secretary of State's Office. If a fictitious name has been registered for this company, attach a copy of the fictitious name registration.
8. **If the applicant has one or more employees:** You must have Worker's Compensation insurance coverage. Provide us with a current certificate of insurance verifying Worker's Compensation insurance coverage. **The license can be approved but not released without this Worker's Compensation insurance certificate.**

Do not write in this space - CLB OFFICAL USE ONLY

Filing Fee: \$ _____

ID#: _____

Residential Builders New Application

PRINT NAME OF COMPANY OR NAME (IF APPLYING AS A SOLE PROPERIORSHIP) AS YOU WISH FOR IT TO APPEAR ON LICENSE. IF APPLYING AS A CORPORATION, LLC, OR LLP, IT MUST READ EXACTLY AS REGISTERED WITH THE SECRETARY OF STATE OFFICE. **APPLICANTS MUST CONDUCT / CONTRACT BUSINESS UNDER THE EXACT NAME SHOWN UPON THE LICENSE.**

ANSWER ALL OF THE FOLLOWING QUESTIONS; IF A QUESTION DOES NOT APPLY ENTER "N/A":

Company / Individual Name: _____

D/B/A Name: _____

(Doing Business As) (If applicable)

Indicate the type of entity seeking a license by "circling" one of the choices below:

INDIVIDUAL CORPORATION LLC PARTNERSHIP LP OTHER _____

If applying as Corporation / LLC, list the Federal ID# _____

Mailing Address _____ City _____ State _____

Zip Code _____ County/Parish _____

Company Phone _____ Fax _____

E-mail Address _____

Name and Phone # for person to Contact with any Questions regarding this application request:

Complete the following with information for the person that will take or has taken the Business & Law Exam

Name _____ Social Security # _____

How long has this individual been with this company? _____

Position held with this company, check one: _____

_____ Sole Owner

_____ Full time paid employee

_____ Officer, member, or partner of the company and is actively involved in the day to day operations

Contractors Licensing Board
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone 501-372-4661 (FAX 501-372-2247)

RESIDENTIAL REFERENCE INFORMATION

(The individual giving the reference, not the person applying for the Arkansas Contractor's License, must complete this form and complete it legibly.)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)

THE PURPOSE OF THIS FORM

IS TO VERIFY WORK

EXPERIENCE, NOT CREDIT HISTORY.

1. Yes ___ No ___ Are you related or affiliated to the owners of the company or any of the employees?
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the individual you are verifying work experience for: _____
3. _____ To your personal knowledge, how long has the individual or company been performing the type of work listed in this reference?
4. List the kinds of work this company or individual has completed that you are aware of. If New Construction, Addition to Existing Structure, Etc. (be specific)

5. List any projects this company or individual has completed of which you have first hand knowledge: If New Construction, Addition to Existing Structure, Etc. (be specific– list the name of project(s), dollar amount and sq. ft. if applicable, and date that the project(s) was done).

6. Yes ___ No ___ Has this company or individual ever failed to complete a project or job that you are aware of? If yes, explain

7. In your own words describe this company or individual's overall performance and ability to meet the customers needs.

8. Yes ___ No ___ Would you recommend this individual or company to be a licensed contractor? If the answer is no, why? _____
9. Yes ___ No ___ Has this individual or company ever failed to pay for materials, employees or subcontractors that you are aware of? If yes, give details:

By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

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NORTH LITTLE ROCK, ARKANSAS 72117
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By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

Effective Date 12/2017 (Residential Builders New App)

5.

Contractors Licensing Board
4100 RICHARDS ROAD
NORTH LITTLE ROCK, ARKANSAS 72117
Main Phone 501-372-4661 (FAX 501-372-2247)

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If yes, you are not eligible to complete this form. STOP!!!
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By signing this form, I swear or affirm under oath that the foregoing reference information, including any attachments, is/are true and correct.

Reference givers name & address: (Print)

Signature _____

Date _____

Phone No. _____

APPLICANT'S INFORMATION

Note: For the purpose of the following questions, “You” means, any qualifier, officer, member, partner, owner 10% or more, you (if applying as a sole-proprietor), or anyone of the entity requesting a license.

- _____ 1. How many years of work experience does the qualifier for the trade or classification(s) / specialty(s) for this license have?
- Yes___ No___ 2. Have you, or any construction related entity in which you were an investor, partner, officer, ever failed to complete a project awarded to you? **If yes, attach separately a statement of circumstance, the name of the individual, other organization and reason for failure.**
- Yes___ No___ 3. Have you filed bankruptcy or were you a part of any other organization that has filed bankruptcy within the last ten (10) years? (See definition of “you” above) **If yes, attach a written explanation as to why bankruptcy had to be filed, along with a copy of the document prepared by your attorney listing the creditors that shows the amounts owed to each creditor and a copy of the bankruptcy discharge.**
- Yes___ No___ 4. Have you ever been convicted of a felony? (See definition of “you” above) **If yes, please attach separately a written explanation as to what occurred, when this occurred, and what was the sentence.**
- Yes___ No___ 5. Are you required to register on the sex offender registry in this state or any other state? (See definition of “you” above) **If yes, please attach separately a written explanation as to what occurred and when this occurred.**
- Yes___ No___ 6. Do you or any construction related entity in which you owns 10% or more, have any outstanding liens, judgments, or pending litigation? (See definition of “you” above) **If yes, attach separately details and an explanation.**
- Yes___ No___ 7. Have you ever had a contractors license or been associated with a contractors license in this or any other jurisdiction? (See definition of “you” above) **If yes, attach separately a list of those that apply.**
- Yes___ No___ 8. Have you ever had a license revoked or suspended, been penalized or disciplined, by the Arkansas Contractors Licensing Board, the Arkansas Residential Committee, or any other state? (See definition of “you” above) **If yes, attach separately details and an explanation.**
- Yes___ No___ 9. Do you knowingly employ any individual(s), or hire workers as independent contractors, who do not have legal authority to work in the United States of America? (See definition of “you” above)
- Yes___ No___ 10. Are you legally authorized to work in the United States of America? (See definition of “you” above)
- Yes___ No___ 11. Do you understand that the failure to comply with the Federal law on the hiring, as employees or as subcontractors of workers without legal authority to work in the United States of America can lead to the revocation of the contractors license in the State of Arkansas? (See definition of “you” above)
- Yes___ No___ 12. Does this applicant have one or more employees?
- Yes___ No___ 13. Does the applicant have Workers Compensation Insurance?
- Yes___ No___ 14. Are you or your spouse on active duty in the United States Military and currently deployed outside the State of Arkansas?
- Yes___ No___ 15. Are you or your spouse a “returning United States Military Veteran”? (A “military veteran” is anyone who has been deployed for any branch of the United States Military outside of the State of Arkansas.)
- Yes___ No___ 16. Have you or your spouse been discharged (discharged other than dishonorably) from the United States Military within the last 12 months?
- Yes___ No___ 17. Under the provision of the Active Duty Military Licensing Law, Act 848 of 2015, are you requesting a temporary license? **If yes, you must provide a copy of your current contractors license issued by another state.**

CORPORATION, LLC, or LP DATA:

Date Company registered as Corporation, LLC or LP: _____

* Date Registered at Arkansas Secretary of State (501-682-3409) as a Foreign Entity _____

(*This process must be completed before beginning work in the State of Arkansas if a foreign entity.)

President _____	SSN _____
Vice-President _____	SSN _____
Secretary _____	SSN _____
Treasurer _____	SSN _____

Member _____	SSN _____
Member _____	SSN _____
Member _____	SSN _____
Member _____	SSN _____

OR

PARTNERSHIP DATA:

Date Partnership Formed _____

State whether partnership is general, limited or associated: _____

List Partners and Social Security numbers:

Partner _____	SSN _____
Partner _____	SSN _____

List anyone who owns 10% or more interest in the entity requesting a license. (Please print each name) along with their Social Security number; or list any Corporation or LLC as will as their EIN for those who owns 10% or more interest in the entity requesting a license.

Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____
Name _____	SSN or EIN _____

AFFIDAVIT FOR COMPANY (Corporation, LLC, LP or Partnership)

I, _____, being duly sworn/affirmed, state under oath:
(Name of Owner/Officer/Member/Partner)

That I am _____ of _____;
(Position held) (Company Name)

Further, that the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that I am familiar with the books and records of the above mentioned company showing its financial condition; that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from the books and records of said company and form a true and accurate statement of the financial condition of said company as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

(Signature of Owner/Officer/Member/Partner)

State of _____
County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & **Seal**

AFFIDAVIT FOR INDIVIDUAL

I, _____ being duly sworn/affirmed, states under oath:
(Individual's Name)

That the foregoing statement of experience and all statements contained within this application, including attachments are true and correct; Further, that the financial statement(s) and any accompanying financial data attached hereto (or submitted separately) are taken from my books and records and form a true and accurate statement of my financial condition as of the date shown; Further, that the foregoing statements of experience and financial condition are submitted to the Contractors Licensing Board or the Residential Building Contractors Committee for the express purpose of inducing the Board or Committee to license the applicant as a contractor in the State of Arkansas, and that any depository, vendor or state agency is hereby authorized to supply such Board or Committee with any information necessary to verify these statements. Any agency of the State of Arkansas is authorized to release to the Contractors Licensing Board, or its representative, or the Residential Building Contractors Committee, or its representative, any information necessary to show proper compliance with A.C.A. § 17-25-101 et seq., or A.C.A. § 17-25-501 et seq., including the obtaining and reviewing of a criminal background check.

(Applicant Signature Here)

State of _____
County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & **Seal**

AFFIDAVIT REGARDING BIDDING OR PERFORMANCE OF WORK RESIDENTIAL BUILDERS NEW APPLICATION

I, _____, being duly sworn/affirmed, states under oath: that, he or she is
(Name of Owner/Partner/Officer/Member)

_____ of _____
(Position Held) (Company Name)

the applicant named herein; that with respect to any **Residential** construction in the State of Arkansas:

The Applicant:

1. Is not now a party on any contract for such work.
2. Does not have outstanding any such work or any bid for such work.
3. Will not bid, contract or perform any such work until such time as the applicant is approved and a license has been issued to the applicant.

(Signature of Owner/Officer/Member/Partner)

State of _____

County of _____

Acknowledged before me, this _____ day of _____, 20____.

My Commission expires: _____

(Notary Public Signature) & **Seal**

IF YOU DO NOT HAVE A LICENSE AND YOU HAVE BID OR CONTRACTED ANY WORK REQUIRING AN ARKANSAS CONTRACTORS LICENSE, YOUR BID MUST BE WITHDRAWN OR YOUR CONTRACT VOIDED (PROOF MUST BE SUBMITTED TO OUR OFFICE) BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

IF YOU HAVE ANY WORK IN PROGRESS THAT REQUIRES AN ARKANSAS RESIDENTIAL BUILDERS CONTRACTORS LICENSE YOU MUST COMPLETE THE FOLLOWING QUESTIONS BEFORE THIS AFFIDAVIT CAN BE TRUTHFULLY EXECUTED.

List Project Name & Address:

Date Project Started: _____

Date Project Completed: _____

Total Dollar Amount of Project: \$ _____

******The submission of an incomplete or false affidavit constitutes fraud or deceit in obtaining a license and may result in the revocation of the license.******

CHECKLIST OF HELPFUL NUMBERS

FOR CONTRACTORS PLANNING TO OPERATE IN THE STATE OF ARKANSAS

THE FOLLOWING IS A LIST OF REGULATORY AGENCIES TO WHICH YOU COULD BE RESPONSIBLE WHILE DOING BUSINESS IN THE STATE OF ARKANSAS.

CONTRACTORS LICENSE

Contractors Licensing Board
4100 Richards Road
North Little Rock, AR 72117
Telephone: (501) 372-4661

ONLINE DIRECTORY

State Information 501-682-3000
www.arkansas.gov/directory

CORPORATE FRANCHISE TAX

Note: All Corporations are required to register and pay franchise taxes.

Secretary of State
Victory Building, Ste 250
1401 W Capitol
Little Rock, AR 72201
Telephone: (501) 682-3409

INDIVIDUAL INCOME TAX

Individual Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 3628
Little Rock, AR 72203
Telephone: (501) 682-7272

CORPORATE INCOME TAX

Corporation Income Tax Section
Revenue Division
Department of Finance & Admin.
P O Box 919
Little Rock, AR 72203
Telephone: (501) 682-4775

SALES & USE TAXES

Sales and Use Tax Section-Revenue Division
Department of Finance & Admin.
P O Box 1272
Little Rock, AR 72203
Telephone: (501) 682-7104

UNEMPLOYMENT COMPENSATION

Department of Workforce Services
P O Box 2981
Little Rock, AR 72203
Telephone: (501) 682-2121 or
1-855-225-4440

WORKERS COMPENSATION

Arkansas Workers Compensation
Commission
4th & Spring Streets, PO Box 950
Little Rock, AR 72203-0950
Telephone: (501) 682-3930 or
(800) 250-2511

LABOR STANDARDS

Labor Standards Administrator-Arkansas Dept. of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4501

**UNDERGROUND STORAGE TANKS, ASBESTOS

Arkansas Department of Environmental Quality
8001 National Drive, PO Box 8913
Little Rock, AR 72219-8913
Telephone: (501) 682-0999 or (501) 682-0718

CHECKLIST OF HELPFUL NUMBERS

(Continued)

****LEAD ABATEMENT**

Arkansas Department of Health
4815 West Markham Slot-32
Little Rock, AR 72205-3867
Telephone: (501) 671-1472

****PLUMBING, GAS FITTERS HVACR, SHEET METAL, REFRIGERATION & COLD STORAGE**

Arkansas State Health Department
Plumbing & Natural Gas Division
4815 West Markham Slot #24
Little Rock, AR 72205-3867
Telephone: (501) 661-2642

****FIRE & BURGLAR ALARMS**

Arkansas Board of Private Investigators and Private Security Agencies
C/O Arkansas State Police
1 State Police Plaza Drive
Little Rock, AR 72209
Telephone: (501) 618-8600

****SPRINKLERS**

Arkansas Fire Protection Board
7509 Cantrell Road Suite 103A
Little Rock, AR 72207
Telephone: (501) 661-7903

****ELECTRICAL**

Board of Electrical Examiners – Dept of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4549

****ELEVATOR SAFETY**

Safety Division-Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4530

****BOILERS**

Boiler Division - Arkansas Department of Labor
10421 West Markham
Little Rock, AR 72205
Telephone: (501) 682-4513

****LANDSCAPING w/PLANTING**

Arkansas State Plant Board
1 Natural Resources Drive
Little Rock, AR 72205
Telephone: (501) 225-1598

****WATER WELLS**

Arkansas Water Well Commission
101 E Capitol, Ste 350
Little Rock, AR 72201
Telephone: (501) 682-1025 or (501) 682-3900

PLEASE NOTE: This list may not include all of the State Regulatory Offices, which you might need to contact. You should contact your accountant or attorney as to any other agencies which you may need to contact due to the special nature of your business.

****Requires proof of appropriate certification/licensure before the Contractors Licensing Board will approve the classification(s). Performing any of the following type projects without the appropriate certificate/license from the agency in question may be in violation of that agency's law. Performing any of the following type projects without the specific classification from the Contractors Licensing Board may be in violation of the Contractors Licensing law.**

Arkansas Business & Law Test (Instructions)

The test is given by an independent testing company (Prometric). If you have questions about the test or need more information beyond what is furnished here please call them at 888-763-0131.

Registration Instructions:

1. Call 1-888-763-0131 or visit www.experioronline.com
2. Register for **ARO4 Program name**.
3. **Exam Code 100**
4. The operator will assist you in finding the nearest Testing Center.
5. The test is administered 6 days a week (M-F 8:00 a.m. – 8:00 p.m., Sat 8:00 a.m. – 4:00 p.m.)
6. Payment – Prometric will accept VISA, MasterCard, American Express or a check can be drafted from your checking account. (Have a check ready for relaying the appropriate numbers)
The charge for the test is \$80.00.
7. You will receive a confirmation number and directions to the testing center.
(Note these at the bottom of this page for your references)
8. The test is open book, multiple choice, and 50 questions, with a 2-hour time limit.
9. The book (Contractors Guide to Business, Law and Project Management, Arkansas Edition) is available directly from the Publisher at <http://www.nascla.org> through the NASCLA Bookstore, or by call (623) 587-9519, or by completing the order form on the next page.
10. No handwritten or additional notes are allowed in the reference book (No letters, words, diagrams, etc.)
Highlighting and permanent tabbing is acceptable. Post it notes are not permanent and will not be allowed.
Permanent tabs can be purchased at <http://www.nascla.org> through the NASCLA Bookstore. The book and tabs bundle for \$57.99 or tabs separately for \$9.99

On the day of the examination, you must arrive at the Prometric Center 30 minutes before your scheduled appointment to complete the admission procedures required before the test begins.

You must bring the following with you: One official government issued photo identification such as a driver's license, passport, etc., and the Contractors Guide to Business, Law and Project Management, Arkansas Edition.

- PLEASE BE ADVISED:**
- a) Extra manuals may be given upon arriving for the test. You will only be tested from the Contractors Guide to Business, Law and Project Management, Arkansas Edition.
 - b) Verify the exam code before taking the test.
 - c) **Have PROMETRIC send the results to YOU. It is your responsibility to get the passing test score to our office by fax 501-372-2247 or regular mail.**
 - d) Test results sent to us by Prometric can take up to several weeks, which could postpone the approval and release of your license. Please make sure to obtain your test score before leaving the test center.

Confirmation Number: _____

Appointment Date: _____

Appointment Time: _____

Testing Site: _____



NASCLA CONTRACTORS GUIDE TO BUSINESS, LAW AND PROJECT MANAGEMENT, ARKANSAS EDITION

ORDER FORM

To order a copy of the **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pack** or for an individual book order, please complete the order form below. Submit a check for the total order amount payable to NASCLA. For credit card orders using a *Visa, MasterCard, American Express or Discover* mail a completed order form to the address below or order online at www.nascla.org through the NASCLA Bookstore.

NASCLA
23309 N. 17th Drive, Suite 110
Phoenix, Arizona 85027
Phone (623) 587-9519
Fax (623) 587-9625
Online @ www.nascla.org

The **NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition, Tabs Bundle Pack** offers our permanent reference tabs that will help you navigate quickly through this publication. Please note that these tabs are self-adhesive and must be added at least one day prior for sufficient adhesive power.

SHIP TO:

Name _____
Company _____
Mailing Address _____
City _____ State _____ Zip _____
Telephone (____) _____ Fax (____) _____
Email Address _____

METHOD OF PAYMENT:

☐ Enclosed check to NASCLA ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number _____ Exp. Date ____ / ____

Name on Card _____ Signature _____

PLEASE SEND:

_____ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition Tabs Bundle Pack @ \$57.99 ea	\$ _____
_____ Copy(ies) of the NASCLA Contractors Guide to Business, Law and Project Management, Arkansas Edition @ \$50.00	\$ _____

SHIPPING & HANDLING:

\$12.00 for one book (\$6.00 for each additional book) \$ _____

TOTAL \$ _____